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Office Use Only



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T. CLINE DEC 1 3 2010 EXAMINE

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|--|--|
| SUBJECT: White Bloom Studio, LLC Name of Limited Liability Company | | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| Rebecca Rosin | | |
| White Broom Studio, LLC | | |
| 11365 SE SAM AVE | | |
| Belleview F1 34420 City/State and Zip Code | | |
| For further information concerning this matter, please call: | | |
| Pochecia Rosin at (352) 239-3031 Name of Person at (352) 239-3031 Area Code & Daytime Telephone Number | | |
| Enclosed is a check for the following amount: | | |
| S25.00 Filing Fee Satus S55.00 Filing Fee Satus S55.00 Filing Fee Satus S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status Satus Scentified Copy (additional copy is enclosed) | | |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Tallahassee, FL 32314 Z661 Executive Center Circle Tallahassee, FL 32301 | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| White Bloom (Name of the Limited Liability Co.) | Studio, LLC mpany as it now appears on our records.) |
|---|---|
| (A Florida Limi | ted Liability Company) |
| The Articles of Organization for this Limited Liability Comp | pany were filed on and assigned |
| Florida document number 11000058223 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited | liability company here: |
| | Limited Liability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | 11365 SE SATH AVE |
| (Principal office address MUST BE A STREET ADDRESS | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | d office address on our records, enter the name of the new here: |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| _ 7 | Enter Florida street address City Florida Zip Code |
| Naw Bagistarad Agant's Signatura if changing Bagistarad Ag | Cny Zip Code |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action .□ Add Remove Add [Remove ∐ Add Remove Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 10129110 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00